

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region2/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region2/waste/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site http://www.epa.gov/enviro/index_java.html is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"Window to My Environment"** Web site <http://www.epa.gov/enviro/wme> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtk.net.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesgg.htm> provides information on Conditionally Exempt Small Quantity Generators.

FOIA Request # EPA-R2-2013-010084

For information regarding Hazardous Waste Manifest Forms, you will need to contact the State of New Jersey at New Jersey Department of Environmental Protection, Bureau of Manifests and Information Systems, Hazardous Waste and Transfer Facilities (CN 414), 401 East State Street, Trenton, New Jersey 08625-0414, and telephone number (609) 292-7081.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/14/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986643658

FACILITY NAME -> GEM REFRIGERATOR CO INC

MAILING ADDRESS -> 176 RTE 50 MILE MARKER 15 & 16
ESTELL MANOR
MAYS LANDING, NJ 08330

INSTALLATION ADDRESS -> 176 RTE 50 MILE MARKER 15 & 16
ESTELL MANOR
MAYS LANDING, NJ 08330

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: WALKER, JOSEPH
MGR
GEM REFRIGERATOR CO INC
176 RTE 50 MILE MARKER 15 & 16
ESTELL MANOR
MAYS LANDING, NJ 08330

Gem Refrigerator Co., Inc.
Route 50
Mays Landing, NJ 08330

November 17, 1992

United States Environmental Protection Agency
Regency II
Jacob K. Javits Federal Building
New York, New York 10278

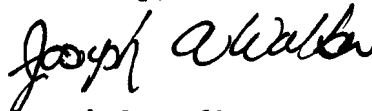
To Whom It May Concern:

Attached please find corrected copy of EPA Form 8700-12. The Installation Address now reads:

176 Route 50
Estell Manor
Mile Markers 15 & 16
Mays Landing, NJ 08330

Thank you for your attention to this matter. Hopefully this takes care of the insufficient location address previously submitted.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph A. Walker". The signature is written in a cursive, flowing style.

Joseph A. Walker
Plant Manager

Attachment

NOV 25 1992

DATE: 10-9-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

**CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED**

Facility Name: GEM REFRIGERATOR CO INC

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- OK 3) ☒ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

RECEIVED
 NOV 25 1992
 REGION II
 HAZARDOUS WASTE
 PROGRAM

13) _____

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

*Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

_____ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

_____ The above named facility is the previous operator at this location.

_____ Other. Please explain. _____

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA****Notification of
Regulated Waste
Activity**

United States Environmental Protection Agency

Date Received
(For Official Use Only)

92-11-25

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NTD986643658

II. Name of Installation (Include company and specific site name)

GEM REFRIGERATOR CO. INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street see attached letter

ROUTE 50

Street (continued)

City or Town

MAYS LANDING

State

ZIP Code

NJ 08330

County Code

County Name

ATLANTIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

176 Rt 50 ESTELL MANOR H.H. 16

City or Town

MAYS LANDING

State

ZIP Code

NJ 08330

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

WALKER

(first)

JOSEPH

Job Title

MANAGER

Phone Number (area code and number)

609-625-2500

VI. Installation Contact Address (See Instructions)A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

EMIL & BRUCE GRUHLER

Street, P.O. Box, or Route Number

ROUTE 50

City or Town

MAYS LANDING

State

ZIP Code

NJ 08330

Phone Number (area code and number)

609-625-2500

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003	F005	D035			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Joseph A. Walen

Name and Official Title (type or print)

MANAGER

Date Signed

9-24-92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

October 16, 1992

Joseph Walker
Gem Refrigerator Co Inc
Rte 50
Mays Landing, NJ 08330

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

USEPA - REGION II
PERMITS ADMINISTRATION BRANCH
26 FEDERAL PLAZA, ROOM 505
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-2014

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief
Permits Administration Branch

Enclosures

20PM-PA-Lopez: October 16, 1992:		CONCURRENCES							
SYMBOL=>	20PM-PA								
SURNAME=>	Livingston								
DATE=>	<i>J. Livingston</i>								
EPA FORM 1320-1 (12-70)		OFFICIAL FILE							

DATE: 10-9-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

**CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED**

Facility Name: GEM REFRIGERATOR CO INC

- 1) ☒ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☒ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) _____

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

*Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

_____ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

_____ The above named facility is the previous operator at this location.

_____ Other. Please explain. _____

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

GEM REFRIGERATOR CO. INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

ROUTE 50

Street (continued)

City or Town

MAYS LANDING

State

ZIP Code

NJ 08330 -

County Code

County Name

ATLANTIC

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

WALKER

(first)

JOSEPH

Job Title

MANAGER

Phone Number (area code and number)

609 - 625 - 2500

VI. Installation Contact Address (See Instructions)A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

EMIL ? BRUCE GRUHLER

Street, P.O. Box, or Route Number

ROUTE 50

City or Town

MAYS LANDING

State

ZIP Code

NJ 08330 -

Phone Number (area code and number)

609 - 625 - 2500

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

X

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions)	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel
<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner
<input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer
<input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace
Mode of Transportation	<input type="checkbox"/> 3. Industrial Furnace	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 2. Rail		
<input type="checkbox"/> 3. Highway		
<input type="checkbox"/> 4. Water		
<input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003	F005	D035			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

MANAGER

Date Signed

9-24-92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 421, 401 East State Street
Trenton, New Jersey 08625-0421

"Request to Deactivate EPA ID Number"

EPA ID No. N J D 9 8 6 6 4 3 6 5 8

Company Name: Gem Refrigerator Company Inc

Site Address: 176 Rt 50/MM #15 & 16/Estell Manor Mays Landing
(street) (city / town)
NJ 08330
(state) (zip code) 21 43
(lot) (block)

Mailing Address: Rt 50, 3 1/2 miles South Mays Landing
(street / p.o. box) (city / town)
NJ 08330
(state) (zip code)

Company Contact: Joseph Walker 609-625-2500
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☐ The EPA ID number was obtained for a one time cleanup which is completed.

☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).

☒ Other Quantity generated too small. We no have EPA identification
number N J X 0 0 0 3 2 0 0 4 4

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Bruce Gruhler

(printed name)

President

(title)

Bruce Gruhler

(signature)

November 19, 1993

(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 19, 2013 - 1:01 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD986643658	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 09/19/2013		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages: 4 Total Handlers: 1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name:	cme_foia.rtf
Developed by:	EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed:	June 2006
Last Updated:	May 2012
Contact:	rcrainfo.help@epa.gov
Tables Used:	cmecomp3, citation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries:	none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 19, 2013 - 1:01 PM

GEM REFRIGERATOR CO INC

County Name / Code: ATLANTIC / NJ001

NJD986643658

Location: 176 RTE 50 MILE MARKER 15 & 16; ESTELL MANOR; MAYS LANDING, NJ 08330

REGION 02

Mailing: 176 RTE 50 MILE MARKER 15 & 16; ESTELL MANOR; MAYS LANDING, NJ 08330

Activity Location: NJ		State District: SOUTHERN		Accessibility:		Non-Notifier:		Extract Flag: Y		Active Site: N	
Generator:	N	Transporter:	N	Operating TSDF:	-----	IC In Place:	N	El Indicator (HE / GW):	N / N		
Short-Term Gen:	N	Transfer Facility:	N	Offsite Receiver:	N	HSM:	N	Subpart K:	-----		
Full Enforcement:	-----	Converter:	-----	State Unaddressed SNC:	N	EPA Unaddressed SNC:	N				
CA Wkld:	N	State TSDF:	-----	State Addressed SNC:	N	EPA Addressed SNC:	N				
Active State Gen:	N			State SNC w/Comp Sched:	N	EPA SNC w/Comp Sched:	N				

Evaluations With No Violations:

CEI Evaluation	10/04/2011	Activity Location: NJ	By: State	Identifier: 001	Person: SOTWO	Branch: S	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 10/04/2011		Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 19, 2013 - 1:01 PM

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; N' indicates the exposure does not exist)
Short-Term Gen Transfer Facility	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Offsite Receiver	Indicates that the facility transfers hazardous waste.
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen Converter	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
State TSDF	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Addressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: September 19, 2013 - 1:01 PM

Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.
NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.
Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

* Note: Penalty amount may not reflect all violations cited.